

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>081849117</i>	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5							55					
6							56					
7							57					
8							58					
9	/						59					
10		/					60					
11			/				61					
12			/				62					
13			/				63					
14			/				64					
15			/				65					
16			/				66					
17			/				67					
18			/				68					
19	/						69					
20		/					70					
21		/					71					
22			/				72					
23			/				73					
24			/				74					
25			/				75					
26			/				76					
27			/				77					
28			/				78					
29			/				79					
30	/						80					
31		/					81					
32			/				82					
33			/				83					
34			/				84					
35			/				85					
36			/				86					
37			/				87					
38			/				88					
39			/				89					
40			/				90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	36						TOTAL DEP.					
TOTAL CLAIMS	40						TOTAL CLAIMS					